

ANEXO III
ACADEMIA APPLICATION FORM 2024-2025 PARTICIPANTS

ACADEMIA 2025
European Exchange of Guidance Practitioners
APPLICATION FORM

Sending country:

Your Personal Details

Name

Surname

Nationality

Date of Birth

Gender Male Female

Your Address

Street

Town

Post Code

Country

Tel:

Mobile:

Private Email:

Your Place of Work (Education Department)

Work Place

Type of organisation

Street

Town

Post Code

**Autonomous
Community/Region**

Country

Work Telephone

Work E-mail

Your Employment

Job Title

**What main functions
and tasks do you have
in your work?**

**How long have you
worked in guidance?**

Your Language Skills: Mother tongue:

Please use the European Language Passport notation – B2 lowest level to C2 highest level

Language

Speak

Read/Write

1

2

3

The Exchange

Please indicate your preferences and explain in detail the information requested in this section

Please select the exchanges you would like to participate in, in order of preference. You can find details of the exchanges on offer at www.euroguidance.eu/international-mobility/training-opportunities

1

2

3

Why have you chosen these exchanges?
What are your interests and what would you like to learn in the hosting country?

How would you disseminate the experience and knowledge acquired on the exchange to your colleagues?

Other comments

Any additional comments

Have you ever gone to Academia? yes no

When and Where?

Signature